

2014

Employee Benefits Information & *OPEN ENROLLMENT GUIDE*



Dear Placer County Employees,

We are pleased to provide the 2014 Employee Benefits Information and Open Enrollment Guide. The choices we make concerning our benefits are among the most important we select for ourselves and our families. As part of the total compensation package for eligible employees, Placer County offers a comprehensive benefits package that includes options to meet your health care needs.

During our annual benefits open enrollment period, Monday, September 16, 2013, through Friday, October 11, 2013, you have the opportunity to review and, if necessary, change your health benefits to meet your current needs. During this period, you may elect, change, or waive coverage in a health care plan, dental plan, and/or vision care plan. You also have the opportunity to change your supplemental life insurance and Accidental Death & Dismemberment coverage. In addition, you may enroll or re-enroll in a dependent care reimbursement account. For more information on individual plan eligibility, please see the enrollment criteria in this guide for each plan offered. **Please Note: There is no automatic enrollment each year for your FBMC Flexible Spending Account. You must actively make an election to enroll every year.**

Simplifying the Changes

Employees may review current benefit elections, covered dependents and beneficiaries, preview benefit costs, and make benefit elections online in ACORN eBenefits. Please review Page 4 of this guide for instructions on accessing ACORN eBenefits. If you do not have access to a computer at work, you may use any County workstation that has County-wide access. You can also use the computer kiosk in the Personnel Department at 145 Fulweiler Avenue, Suite 200, Auburn, CA 95603, between 8:00 a.m. and 5:00 p.m., Monday through Friday. We have highlighted a few of the changes to your benefits in the section titled “What’s New.”

CalPERS Tools to Help You Choose the Right Health Plan

The Health Plan Chooser, Quality of Care and Patient Experience Ratings, and Health Plan Search by ZIP Code are a few of the tools that can help you make an educated decision. They are available online, year-round, in the Health Benefits area of the CalPERS website at www.CalPERS.ca.gov.

Verification of Dependent Eligibility

You must provide documentation for each dependent you are adding to medical, dental, or vision care coverage during Open Enrollment if they have not been previously enrolled for coverage as your dependent. The required documentation must be provided to Personnel no later than October 11, 2013. If we are unable to verify your dependent’s eligibility, your dependent may not be covered as of January 1, 2014. A list of required documentation for each type of benefit change is available on Personnel’s Open Enrollment page on iPlacer.

Qualifying Life Event

If you have a qualifying life event during the 2014 plan year, you must submit the required documentation within thirty (30) days of the qualifying event. Please see page 9 for more information on qualifying events.

Attend the Benefits Fair

If you have questions you would like to discuss directly with Personnel staff or one of our benefits providers, we invite you to attend our Benefits Fair on Tuesday, September 24, 2013, from 10:00 a.m. to 3:00 p.m. at the Auburn Justice Center Community Room. At the Benefits Fair you will have the opportunity to talk with representatives from Personnel, our health care providers, as well as MassMutual and CalPERS deferred compensation carriers.

Personnel staff will also be available from 10:00 a.m. to 2:00 p.m. on Wednesday, September 25, in Tahoe City at the Customs House, 775 North Lake Boulevard, and on two dates at the Santucci Center in Roseville, 10810 Justice Center Drive: Tuesday, September 17, and Tuesday, October 1, 2013, both dates from 10:00 a.m. to 2:00 p.m.

Questions? Please call the Open Enrollment Hotline at 530/889-4089.

**Thank you,
Placer County Personnel**

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The benefit plan information in this Employee Benefits Information and Open Enrollment Guide is meant only as a benefits overview. This information does not fully describe your benefit coverage. For additional details on benefit coverage, please refer to the Evidence of Coverage booklet on your plan's website, or CalPERS online at www.CalPERS.ca.gov.

What's New?

The following are Open Enrollment highlights for 2014. For all changes specific to your plan(s), please refer to the Evidence of Coverage (EOC) booklet or the Summary of Benefits and Coverage, all available at CalPERS online at www.CalPERS.ca.gov.

The Hartford is now MassMutual

- January 1, 2013, Massachusetts Mutual Life Insurance Company (MassMutual) completed the transaction to acquire The Hartford's Retirement Plans Group business. Please use the updated forms and documents for your deferred compensation transactions.

iPlacer Open Enrollment Page

- All required forms are available on the iPlacer Personnel Open Enrollment page, as well as instructions on submitting changes to your benefits for 2014.

New HMOs Available

- Anthem Blue Cross Traditional
- Anthem Blue Cross Select
- UnitedHealthcare

CalPERS Web Videos

- As a benefits fair alternative, CalPERS is offering the video "Presenting the 2014 CalPERS Health Plans"
- Members can access the video via:
 - www.calpers.ca.gov
 - www.facebook.com/mycalpers
 - www.twitter.com/calpers
 - www.youtube.com/calpersnetwork



Affordable Care Act (ACA)

- When key parts of the Affordable Care health care law take effect, you'll be able to buy individual health coverage through the Health Insurance Marketplace. This coverage is not part of your Open Enrollment options. Election of coverage through the Health Insurance Marketplace, called Covered California, will require that the employee discontinue their County provided health coverage and will not receive a County contribution towards premiums. Additional information about the ACA will be sent to all employees in late September.

Open Enrollment Period

Open Enrollment begins at 8:00 a.m. on Monday, September 16, and ends at 5:00 p.m. Friday, October 11, 2013.

During this period, eligible employees may:

- Enroll in a medical, dental or vision plan, if you are eligible and you currently do not have medical, dental or vision benefits
- Change your medical plan
- Add or drop dependents for medical, dental or vision coverage
- Enroll in the 2014 Dependent Care spending account.

Additionally, it is a good time to:

- Review or amend your life insurance beneficiaries, and make sure only eligible dependents are covered by your insurance plans. See Page 7 for the list of eligible dependents.
- Review your deferred compensation plan contributions, investment options and beneficiaries.

When enrolling in plans, remember:

- All benefit changes made during Open Enrollment will be effective January 1, 2014.
- If you do not make any changes during the Open Enrollment period **(with the exception of the FBMC Dependent Care Spending Account, which requires enrollment every plan year)** your current plan elections will remain in effect for calendar year 2014.
- Employees who add their spouse or Registered Domestic Partner and/or dependent child(ren) on their medical, dental or vision plan must submit a birth certificate and social security number for each dependent added and a marriage certificate or domestic partner registration verifying dependent eligibility.

ACORN eBenefits

Making changes to your benefits online

You can log on to ACORN eBenefits as often as you wish from Monday, September 16, through Friday, October 11, to review and/or make changes to your 2014 Open Enrollment elections.

From any Placer County workstation, use web browser (Internet Explorer) to access ACORN eBenefits. Type “acorn” (without the quotes) in the browser address bar and press the Enter key. You will be automatically logged into ACORN. You can also find a link to ACORN from the iPlacer home page.

You can also use the computer kiosk in the Personnel Department:

145 Fulweiler Ave, Suite 200, Auburn
between 8:00 a.m. and 5:00 p.m.
Monday through Friday

For most employees, a user ID and password are NOT required. If you are prompted for a user ID/password, please email ACORNHelp@placer.ca.gov for assistance.

Once you have logged into ACORN:

- Select ‘Main Menu’, then ‘Self Service’ then ‘Benefits’, then ‘Benefits Enrollment’

When you click on ‘Select’ to the right of the Open Enrollment Event Description, you will be able to view your current elections for 2013

- Click on the ‘Edit’ button next to the insurance benefit you will be reviewing and/or changing

Please review each of your benefit options carefully. If you are adding a dependent to your coverage, you must provide the required documentation to the Personnel Department no later than October 11, 2013. If we are unable to verify your dependent’s eligibility, your dependent may not be covered as of January 1, 2014. Please note that if your dependent has been verified previously, no further action is required.

Before finalizing your changes, review your selections carefully to ensure that everything is correct and accurate - including the plans, dependents covered, and/or your life insurance beneficiaries.

When you are ready to finalize your changes, click the ‘Submit’ button. This will bring you to the ‘Submit Confirmation’ page. Here you will be directed to click on a second Submit button to authorize your elections.

Your changes will not be finalized until you have clicked the final ‘Submit’ button.

If you need assistance with eBenefits, please leave a message on the Open Enrollment Hotline at 530.889.4089.

Frequently Asked Questions

General

Q: When will the changes I made to my benefits take effect?

A: As long as all requirements are satisfied, your coverage changes will take effect on January, 1, 2014.

Q: How do I make changes to my benefits?

A: Through ACORN eBenefits. See Page 4 for instructions.

Q: When will premiums for 2014 changes come out of my paycheck?

A: Pay Period 12 (Pay Date 12/13/2013)
Health, ILH - 401(k)

Pay Period 14 (Pay Date 01/10/2014)
Flexible Spending Accounts, Employee 401(k) & 457, Cafeteria 401(k)

Pay Period 15 (Pay Date 01/24/2014)
Dental, Vision, AD&D, Life Insurance

Premiums for Supplemental Life Insurance are effective upon acceptance and approval by the insurance carrier.

Q: Can I keep my ex-spouse on my benefits?

A: No. CalPERS considers ex-spouses to be 'ineligible dependents' and it is against both CalPERS and Placer County policy for an employee's ex-spouse to remain covered on their insurance. Failing to remove your ex-spouse may subject you to reimburse all costs associated with the medical care services for your ex-spouse and as well as ineligible dependents.

Q: Where can I get the forms I need to make new elections or plan changes?

A: All necessary forms are available on the iPlacer Personnel Open Enrollment page. For a break-down of what forms to submit, refer to page 8 of this guide.

Q: Do I have to complete a new Declaration of Health Form if I do not make any changes?

A: No, you do not. If you don't make any changes to your benefits, you do not need to submit any forms. You will continue to be enrolled with the same benefits you had for 2013. However, it is recommended you review your current plan, coverage levels, dependents and beneficiaries in ACORN eBenefits during the Open Enrollment period.

Q: How do I add a new dependent or beneficiary?

A: For instructions, please see the information at Personnel's Open Enrollment page on iPlacer. Your dependent or beneficiary may already be in the ACORN system, so please follow the guide to avoid duplicating their information.

Please note that while the changes are recorded in ACORN, you still must submit any required documents to the Personnel Department.

Frequently Asked Questions

Q: I reviewed and made changes in ACORN, but how do I know if they updated?

A: Your changes will not appear in ACORN until AFTER Open Enrollment closes on October 11 and has been validated and finalized. An e-mail will be sent letting employees know that their benefits are available for review.

Health Plans

Q: What is the difference between a HMO and a PPO?

A: Traditional HMO plans (Blue Shield Access + and Net Value, Kaiser Permanente, Anthem Blue Cross, United Health Care) generally pay 100% of the cost of care after a co-payment, but require you to use in-network providers (i.e., a physician or hospital), and have your care coordinated through your Primary Care Physician. Except in the case of emergencies, coverage is not provided for non-network providers or for services not authorized by the plan.

Traditional PPO plans (PERS-Select, PERSCare, PERS-Choice, PORAC) generally pay a percentage of the cost of care after a co-pay and deductible; the remaining amount is paid by the participant. The services of in-network providers are paid at a higher percentage than the service of out-of-network providers. Generally PPO plans offer more flexibility on provider choice and services. Because of the higher cost of using providers out of network, the premium cost may be higher as well.

Do you have an Open Enrollment or health benefits question not mentioned above?

Leave a message on the Open Enrollment Hotline at 530.889.4089 and someone will get back to you within 24 hours..

Benefit Eligibility Enrollment Criteria

Eligible Dependents

The terms 'family members' and 'dependents' are used interchangeably. The following dependents of an enrolled employee are eligible for health insurance:

- Legal spouse
- Qualified Registered Domestic Partner (requires the completing and submitting of registration forms)
- Children up to the age 26 for all CalPERS health plans (23 for all other plans)
- Disabled children beyond age 26 who are unmarried, and incapable of sustaining employment due to a physical or mental handicap that existed prior to child's attainment of age 19. The disabled adult dependent must meet the disabled dependent requirements as defined by the health insurance carrier

The definition of a dependent child includes natural child, step-child, adopted child, and children of a registered domestic partner.

Ineligible Dependents

Ineligible dependents include:

- Former spouse/registered domestic partner, even if you have a court order requiring you to provide health insurance coverage
- Children age 26 or older for health insurance and 23 years or older for all other benefits.
- Disabled children over age 26 who were never enrolled or who were deleted from coverage
- Foster children
- Children of a former spouse/registered domestic partner, including former stepchildren, even if you are required to provide health insurance coverage as dictated under a court order
- Extended family members, including mother, father, siblings, grandparents, in-laws, etc. under any circumstances

You must submit a copy of your final divorce decree or Notice of Termination of Domestic Partnership Form to the Personnel Department within 14 days of the event if you are an active employee or to CalPERS if you are a retiree. Former spouses and registered domestic partners may be eligible for COBRA or an individual conversion policy.

Dependent Eligibility Verification Process

You must provide dependent verification documentation for each dependent you are adding to your benefits coverage. The required documentation must be provided no later than October 11, 2013. If we are unable to verify your dependent's eligibility, your dependent may not be covered as of January 1, 2014. Please note that if your dependent has been verified previously, no further action is required.

The following chart is an easy guide to which forms and documents must be submitted. The chart does not include all possibilities and should be used in conjunction with the CalPERS Health Enrollment Form.

For further clarification, leave a message on the Open Enrollment Hotline at 530.889.4089.

NOTE: It is against CalPERS and Placer County policy for an employee to enroll ineligible persons as dependents; to do so may subject the employee to reimbursement costs for all costs associated with the delivery of medical care services to the ineligible person.

Benefit Eligibility Enrollment Criteria

Forms can be found on the iPlacer Personnel Open Enrollment page. All forms and documents must be submitted to Personnel by the end of Open Enrollment at 5:00 p.m. on Friday, October 11, 2013.

TYPE OF CHANGE	INFORMATION/FORMS REQUIRED
ANY CHANGES TO HEALTH PLAN	Declaration of Health Coverage
ADD SPOUSE/ DOMESTIC PARTNER (DP)	Full Name/ SSN/ DOB/ Domestic Partner Registration Or Marriage Certificate
IN LIEU OF HEALTH COVERAGE (ILH)	Verification of Other Health Coverage, Enrollment Form for 401(k) and Declaration of Health Coverage Form
ADD CHILD/ STEP-CHILD/ DEPENDENT CHILDREN	Full Name/ Social Security Number and Copy of Birth Certificate Must Be Provided/ DOB
PARENT-CHILD RELATIONSHIP	Full Name/ Social Security Number and Copy of Birth Certificate Must be Provided/DOB/ Affidavit of Parent-Child Relationship
ENROLLMENT WITH HMO	Personal Physician Selection Form
DEPENDENT CARE	FBMC Enrollment Form
LIFE INSURANCE	Need Application/ Approval Subject to Medical Underwriting
401(k) / 457	New Enrollment - Need CalPERS/MassMutual Enrollment Form

Qualified Life Event Changes Outside of Open Enrollment

If Personnel is not notified within 30 days of your Qualified Life Event, you may be responsible for any services rendered for ineligible dependents.

You may make specific changes to your health plan based on the qualified life event, such as:

- A change in your legal marital status, including marriage, divorce, death of your spouse, registered domestic partner, or legal separation
- A change in the number of your dependents through birth, adoption, placement for adoption, or death
- Termination or commencement of employment by you, your spouse, registered domestic partner, or dependent
- A significant change in your work schedule, such as a reduction or increase in hours by you, your spouse, registered domestic partner, or eligible dependent
- A change in your residence or work site that causes you to lose access to providers in your HMO plan's network
- An unpaid leave of absence by either you or your spouse or registered domestic partner
- A change in your dependent care provider that increases the cost of dependent care

Required Forms MUST be received by the Personnel Department within 30 days of the qualifying event date. Changes in CalPERS health coverage become effective the first of the month following the date Personnel receives the completed forms; all other benefit changes are effective 30 days following the date Personnel receives the completed forms.

Federal legislation known as the Health Insurance Portability and Accountability Act (HIPAA) allows employees who lose their other health insurance coverage to enroll in a CalPERS Health Plan. Employees and their dependents may be eligible to enroll outside the Open Enrollment period but coverage may not be effective until the first of the month following a 90-day waiting period depending upon the individual circumstances.

Defense of Marriage Act: One-time exception enrollment following Supreme Court Decision

Enrollment is limited to employees and retirees who married during the period in 2008 when California first issued same-sex marriage licenses who chose not to enroll their spouse and dependent children. The one-time exception also applies to members who married a same-sex spouse in another state where same-sex marriage was legal prior to June 26, 2013. The enrollment period is effective immediately and continues through December 31, 2013. The exception period provides access to health coverage earlier than transactions processed during Open Enrollment which have a January 1, 2014, effective date as the effective date during the one-time exception enrollment will be the first day of the month following the receipt of all required documentation.

In Lieu of Health (ILH) Plan

If you have other health insurance coverage, you may waive the Placer County health insurance and take advantage of an employer contribution to your 401(k) savings plan In Lieu of Health insurance (ILH).

401(k) contribution In Lieu of Health: \$130 per pay period

To participate in the 401(k) In Lieu of Health program, you will need to:

- Enroll through ACORN eBenefits by selecting ‘401(k) Flex Credit Part 1, AND 401(k) ILH Part 2 savings plans. If you do not currently have a 401(k), complete and submit a 401(k) enrollment form and a beneficiary designation form
- Provide proof of other health insurance coverage (a copy of your insurance card including your name is sufficient)
- If you are not currently enrolled in a MassMutual or CalPERS 401(k) plan, enroll in ACORN and complete and submit a Deferred Compensation Enrollment Form
- Complete the Medical CalPERS Eligibility Form (Declaration of Health Coverage)

Premium Conversion

Placer County Benefit Plans operate under IRS Code Section 125 option, which allows employees to enroll and pay their share of costs with pre-tax dollars, known as “Premium Conversion.” The health, dental, vision, and Accidental Death and Dismemberment (AD&D) premium are included in the Premium Conversion option. Under IRS rules, enrollment and changes to your benefit plans must be made during Open Enrollment unless there is a Family Status Change as outlined on page 9.

Please Note: your total 401(k) contribution, including the ILH amount cannot exceed the annual IRS limits of the current year. For more information, refer to the Deferred Compensation section on page 19.

2014 HMO Health Insurance Rates

ALL EMPLOYEES Unless Noted Below*

Effective Pay Period 12	Pay Date December 13, 2013	PER PP	PER PP	CALPERS
HEALTH PLANS				
AUBURN & TAHOE RATES		EMPLOYEE SHARE	COUNTY SHARE	TOTAL COUNTY SHARE
Part-Time Rates Available on iPlacer				
HEALTH MAINTENANCE ORGANIZATIONS - HMO:				
BLUE SHIELD NETVALUE employee only	62.04	248.17	310.21	
BLUE SHIELD NETVALUE employee + 1 dependent	124.09	496.34	620.43	
BLUE SHIELD NETVALUE employee + 2 dependents or more	161.31	645.25	806.56	
BLUE SHIELD ACCESS+ employee only	73.73	294.92	368.65	
BLUE SHIELD ACCESS+ employee + 1 dependent	147.46	589.84	737.30	
BLUE SHIELD ACCESS+ employee + 2 dependents or more	191.70	766.79	958.49	
KAISER employee only	68.38	273.54	341.92	
KAISER employee + 1 dependent	136.77	547.07	683.84	
KAISER employee + 2 dependents or more	177.80	711.19	888.99	
ANTHEM SELECT employee only	75.28	301.10	376.38	
ANTHEM SELECT employee + 1 dependent	150.55	602.20	752.75	
ANTHEM SELECT employee + 2 dependents or more	195.71	782.86	978.57	
ANTHEM TRADITIONAL employee only	84.32	337.28	421.60	
ANTHEM TRADITIONAL employee + 1 dependent	168.64	674.56	843.20	
ANTHEM TRADITIONAL employee + 2 dependents or more	219.23	876.93	1096.16	
UNITEDHEALTHCARE employee only	64.55	258.18	322.73	
UNITEDHEALTHCARE employee + 1 dependent	129.09	516.37	645.46	
UNITEDHEALTHCARE employee + 2 dependents or more	167.82	671.28	839.10	
IN LIEU OF HEALTH				\$130.00

Employees living outside Placer, El Dorado, or Sacramento counties may be charged different rates based upon ZIP Code. The rates applicable to your ZIP Code area will be displayed upon logging into ACORN to review your benefit choices.

2014 PPO Health Insurance Rates

ALL EMPLOYEES Unless Noted Below*

Effective Pay Period 12	Pay Date December 13, 2013	PER PP	PER PP	CALPERS
HEALTH PLANS				
AUBURN & TAHOE RATES		EMPLOYEE SHARE	COUNTY SHARE	TOTAL COUNTY SHARE
Part-Time Rates Available on iPlacer				
PREFERRED PROVIDER ORGANIZATIONS - PPO:				
PERS CHOICE employee only		66.82	267.28	334.10
PERS CHOICE employee + 1 dependent		133.64	534.55	668.19
PERS CHOICE employee + 2 dependents or more		173.73	694.91	868.64
PERS SELECT employee only		64.00	255.98	319.98
PERS SELECT employee + 1 dependent		127.99	511.96	639.95
PERS SELECT employee + 2 dependents or more		166.39	665.55	831.94
PERSCARE employee only		69.66	278.62	348.28
PERSCARE employee + 1 dependent		139.31	557.24	696.55
PERSCARE employee + 2 dependents or more		181.10	724.42	905.52
DSA employees only				
PERSCARE employee only		191.55	156.72	348.27
PERSCARE employee + 1 dependent		383.10	313.45	696.55
PERSCARE employee + 2 dependents or more		498.04	407.48	905.52
PORAC employee only *		63.61	254.44	318.05
PORAC Employee + 1 dependent *		118.99	475.96	594.95
PORAC Employee + 2 dependents or more *		151.20	604.79	755.99
*DSA, Safety Management only - if members of PORAC				
IN LIEU OF HEALTH				\$130.00

Employees living outside Placer, El Dorado, or Sacramento counties may be charged different rates based upon ZIP Code. The rates applicable to your ZIP Code area will be displayed upon logging into ACORN to review your benefit choices.

Dental & Vision Insurance

Placer County's Delta Dental coverage contains a 'non-duplication of coverage' clause, which means that as secondary insurance, Delta Dental will not pay any balance over the County's plan allowance. Placer County provides dental coverage for the employee at no cost. Dependents can be added at the employee's expense. Visit the Delta Dental website at www.deltadentalins.com for additional provider and benefit eligibility information. Please Note: Major treatments (crowns, bridges, dentures, etc) are excluded the first year of coverage. Added dependents must be treatment-free ninety (90) days prior to coverage and will only be covered for routine procedures during the first year.

PPEO - PER PAY PERIOD

PPEO - Annual Individual Coverage: \$1,500		PPEO - Lifetime Orthodontia Coverage: \$1,500	
DENTAL COVERAGE 24 PAY PERIODS	EMPLOYEE SHARE	COUNTY SHARE	TOTAL PREMIUM
EMPLOYEE ONLY	\$0.00	\$28.00	\$28.00
EMPLOYEE + DEPENDENTS	\$34.00	\$28.00	\$62.00

MANAGEMENT & CONFIDENTIAL/DSA - PER PAY PERIOD

Management and Confidential - Annual Individual Coverage: \$2,000		Management and Confidential - Lifetime Orthodontia Coverage: \$2,000	
DSA - Annual Individual Coverage: \$1,500		DSA - Lifetime Orthodontia Coverage: \$2,000	
DENTAL COVERAGE 24 PAY PERIODS	EMPLOYEE SHARE	COUNTY SHARE	TOTAL PREMIUM
EMPLOYEE ONLY	\$0.00	\$28.00	\$28.00
EMPLOYEE + I DEPENDENT	\$19.93	\$28.00	\$47.93
EMPLOYEE + FAMILY	\$34.00	\$28.00	\$62.00

Vision Service Plan (VSP) is our plan administrator. Placer County provides vision coverage for employees at no cost. Dependents can be added at the employee's expense. Visit the VSP website at www.vsp.com for additional provider information and benefit eligibility. VSP dependent coverage has a one year lock in/lock out period. This means that added dependents must remain on the plan for one year, and dropped dependents must remain off the plan for one year. Please Note: If enrolling any of your eligible dependents in vision insurance, you must enroll all of your eligible dependents.

VISION - COVERAGE PER PAY PERIOD

24 PAY PERIODS	EMPLOYEE SHARE	COUNTY SHARE	TOTAL PREMIUM
EMPLOYEE ONLY	\$0.00	\$4.60	\$4.60
EMPLOYEE + I DEPENDENT	\$7.10	\$4.60	\$11.70
EMPLOYEE + FAMILY	\$12.68	\$4.60	\$17.28

Accidental Death & Dismemberment (AD&D)

Placer County provides employees with \$10,000 Accidental Death & Dismemberment (AD&D) insurance coverage at no cost.

Additional AD&D insurance coverage is available for the employee, up to \$500,000, but cannot exceed 10 times your annual salary.

AD&D insurance is also available for your spouse or registered domestic partner, up to age 70, in amounts ranging from \$10,000 to \$300,000 (but cannot exceed your coverage amount) and for unmarried dependent children up to age 23 in amounts ranging from \$5,000 to \$25,000. One premium covers all children, but they must be enrolled to receive coverage.

Please Note: AD&D insurance premiums are also pre-taxed.

AD&D RATES - PER PAY PERIOD

AD&D BENEFIT LEVEL	COST FOR EMPLOYEE	COST FOR SPOUSE	COST FOR CHILDREN
\$500,000.00	\$7.50	N/A	N/A
\$450,000.00	\$6.75	N/A	N/A
\$400,000.00	\$6.00	N/A	N/A
\$350,000.00	\$5.26	N/A	N/A
\$300,000.00	\$4.50	\$6.00	N/A
\$250,000.00	\$3.75	\$5.01	N/A
\$200,000.00	\$3.00	\$4.00	N/A
\$150,000.00	\$2.26	\$3.00	N/A
\$100,000.00	\$1.50	\$1.99	N/A
\$75,000.00	\$1.13	\$1.50	N/A
\$50,000.00	\$0.75	\$1.00	N/A
\$25,000.00	\$0.38	\$0.50	\$0.50
\$10,000.00	\$0.00	\$0.22	\$0.22
\$5,000.00	N/A	N/A	\$0.11

Supplemental Term Life Insurance

Placer County provides PPEO and DSA employees with a \$10,000 life insurance policy and a \$50,000 policy for Management/Confidential employees at no cost.

You can apply for additional life insurance coverage at any time, including Open Enrollment. Additional life insurance coverage is available for the employee, up to \$100,000. Life Insurance is also available for your spouse or registered domestic partner in amounts ranging from \$12,500 to \$50,000 (but cannot exceed ½ your coverage amount) and for unmarried dependent children up to age 23 in amounts ranging from \$5,000 to \$10,000.

Electing or increasing supplemental life insurance cannot be processed through ACORN eBenefits, and requires an application, proof of medical insurability and approval by the life insurance company. You can decrease or cancel supplemental life insurance through ACORN eBenefits.

Please Note: Premiums for supplemental life insurance are effective after approval by the life insurance carrier, and are not pre-taxed.

SCHEDULE FOR EMPLOYEE OR SPOUSE - MONTHLY PREMIUM

	EMPLOYEE ONLY		SPOUSE	SPOUSE - EMPLOYEE	
COVERAGE AMOUNT	\$75,000	\$100,000	\$12,500	\$25,000	\$50,000
AGE 0-34	\$9.00	\$12.00	\$1.50	\$3.00	\$6.00
35-39	\$12.00	\$16.00	\$2.00	\$4.00	\$8.00
40-44	\$19.50	\$26.00	\$3.25	\$6.50	\$13.00
45-49	\$33.00	\$44.00	\$5.50	\$11.00	\$22.00
50-54	\$58.50	\$78.00	\$9.75	\$19.50	\$39.00
55-59	\$100.50	\$134.00	\$16.75	\$33.50	\$67.00
60-64	\$106.50	\$142.00	\$17.75	\$35.50	\$71.00
65-69	\$172.50	\$230.00	\$28.75	\$57.50	\$115.00
OVER 70	\$307.50	\$410.00	\$51.20	\$102.50	\$205.00

SCHEDULE FOR DEPENDENT CHILDREN - MONTHLY PREMIUM (RATE COVERS ALL CHILDREN)

COVERAGE AMOUNT	\$5,000	\$7,500	\$10,000
AGE 15 DAYS TO 23 YEARS	\$1.00	\$1.50	\$2.00

Long Term Disability (LTD) Insurance

This plan overview is for informational use only; the voluntary employee-paid Long Term Disability Insurance policy will not be available for new enrollments during the 2014 Open Enrollment period.

Policy Overview

The Long Term Disability policy is offered through Lincoln Financial Group and provides income of 60% of your monthly earnings up to \$6,500 per month after you have been unable to work for one year due to illness or injury. The policy may continue to pay up to age 65 as long as you are disabled.

Placer County provides Long Term Disability Insurance at no cost to employees who have five years of active service (10,400 paid hours) and who work at least 20 hours per week. This policy takes effect automatically when you have reached 10,400 hours of active service.

Employees who have less than five years of active service, at hire, (10,400 hours) and who work a minimum of 25 hours per week may purchase Long Term Disability Insurance until they reach five years (10,400 hours) of active service. Cost and future increases are based upon your earnings and age.

For policy limits and detailed information about this plan, please call Lincoln Financial Group at 800.423.2765.

Please Note: DSA represented employees are not eligible for Long Term Disability coverage.

EMPLOYEE PAID LTD RATES - PER PAY PERIOD

EMPLOYEE PAID LTD RATES - PER PAY PERIOD		
CALCULATE YOUR ESTIMATED* LTD PREMIUMS	AGE	COST PER \$100 OF EARNINGS
(1) Your Semi-Monthly Earnings: _____ (2) Divide by 100: _____ (3) Multiply by your Age Rate: _____ = Your Estimated Semi-Monthly Premium \$ _____ Example: 40 yr. old \$1,000 ÷ 100 × .39 = \$3.90 *Earnings & Premium are based on 24 pay periods	0-29	\$.16
	30-34	\$.22
	35-39	\$.27
	40-44	\$.39
	45-49	\$.54
	50-54	\$.74
	55-59	\$.90
	60-64	\$1.13
	65-69	\$.84
	70-74	\$.56
	75-99	\$.60

Dependent Care Flexible Spending Account (FSA)

This is a plan to pay for child or elder day care expenses so you and/or your spouse can work. This plan does not cover any health-related expenses.

Note: Only the custodial parent of divorced or legally separated parents can be reimbursed using the Dependent Care FSA.

A **Dependent Care Flexible Spending Account (FSA)** allows you to set aside money, before taxes, from your paycheck to pay for eligible expenses. The advantage is that you pay no federal or state taxes on your contributions. For example, if you put in \$1,000 and are in a 20% federal tax bracket, you save \$200 ($\$1,000 \times 20\% = \200).

Minimum Deposit: \$5 per pay period or \$130 a year

Maximum Deposit: \$192.31 per pay period or \$5,000 a year (\$2,500 if married and filing separately)

Fringe Benefit Management Company (FBMC) administers the Dependent Care FSA program. Employees save their eligible expense receipts and submit their expenses either online, by fax or mail to FBMC. You can track your reimbursements and balances on www.myfbmc.com. Direct Deposit of your reimbursement into your checking or savings account is also available.

A qualifying individual includes a qualifying child if they:

- Are 12 years old or younger
- Have a specified family-type relationship to you
- Live in your household for more than half the taxable year
- Are a US citizen, national or resident of the U.S., Mexico or Canada, and
- Have not provided more than one-half of their own support during the taxable year
- Are not someone else's qualifying child

A qualifying individual includes a qualifying adult dependent if they:

- Are physically and/or mentally incapable of self-care
- Live in your household for more than half the taxable year
- Spend at least eight hours per day in your home
- Are a US citizen, national or resident of the U.S., Mexico or Canada, and
- Receive more than one-half of their support from you during the taxable year and
- Are not someone else's qualifying child

Dependent Care Flexible Spending Account (FSA)

Partial List of Eligible Expenses

- After school care
- Baby sitting fees (must have a taxpayer ID or the babysitter's Social Security number)
- Day camps (including Summer day camps)
- Nursery and preschool
- Daycare services
- Care for physically or mentally impaired spouse
- Elder-care expenses
- Household services for qualified dependent

Partial list of Ineligible Expenses

- Dancing lessons
- Books and supplies
- Field trips
- Child support payments or child care if you are a non-custodial parent
- Overnight camp
- Swimming lessons
- Meals for child
- Tuition for Kindergarten or higher
- Membership fees

To participate, you must enroll each year in the Dependent Care FSA and elect a new amount in ACORN.

Do not overestimate your annual contribution; you will only be reimbursed for actual expenses and any unused funds are forfeited per IRS rules. Be sure to consider the possibility of declining expenses as your child gets older. You must determine your annual contribution during this Open Enrollment period and this amount cannot be changed or adjusted unless you have a qualifying life event.

You have until March 31, 2015 to submit your claims for expenses you had during the 2014 plan year; otherwise any money left in your account will be forfeited.

To enroll in the FBMC Dependent Care FSA, please elect an amount in ACORN, complete an FBMC enrollment form and return the enrollment form to Personnel before October 11, 2013.

PPEO Cafeteria Plan

Placer County contributes for each PPEO represented employee the following funds for use in a cafeteria plan:

- CalPERS Miscellaneous Members - 6% bi-weekly contribution of the employees base salary plus longevity
- CalPERS Safety Members – 5% bi-weekly contribution of the employees base salary plus longevity

Employees may elect to use a cash option, Cafeteria Plan funds for 401(k) contribution, or Dependent Care reimbursement, or any combination of these three.

Cash Option – Selecting the Cash Option will allow you to receive your Cafeteria Plan money in your bi-weekly paycheck. However, this amount is considered taxable income and appropriate payroll taxes will be deducted.

Cafeteria Plan 401(k) – The deferred compensation program is offered through MassMutual and CalPERS. These plans allow you to set aside additional money for retirement on a pre-tax basis. You are required to select a percentage of your cafeteria plan funds for this option.

Dependent Care Reimbursement – This option allows you to pay for part of your dependent care expenses using pre-tax dollars. Expenses, whether for a child or an elder, include any expense that allows you to work outside the home, including day care services, in-home care, nursery, preschool and summer day camps. It does not, however, cover medical expenses.

Plan Highlights:

- If an election is not made during open enrollment, the default will be the cash option.
- The cash option will have the appropriate payroll taxes deducted.
- Funds are prorated for part time employees based on actual hours worked as identified in the ACORN payroll system.
- Changes to the plan can be made annually during open enrollment or if there is a qualifying life event (birth, death, divorce, etc). Please see Page 9.
- This compensation is not PERSable income.
- If the Cafeteria Plan 401(k) option is selected, employee must designate the same vendor (CalPERS or MassMutual) for the Cafeteria Plan benefit as they have selected for their regular employee 401(k) contribution. For example, if you currently contribute to the CalPERS 401(k) for your regular employee contribution, you must select CalPERS 401(k) for your Cafeteria Plan benefit as well.

Deferred Compensation

Placer County offers voluntary deferred compensation programs under IRS Code 457 and 401(k) through MassMutual and CalPERS/ING. These plans allow you to set aside additional money for retirement on a pre-tax basis. You can enroll in, and make changes to, these plans at any time. IRS limits are subject to change in 2014.

Please Note: If you are participating in the 401(k) In Lieu of Health contribution, you must factor in the County's \$130 per pay period contribution in your maximum yearly contribution amount.

2013 Plan Year 401(k) and 457 Minimum Contribution: \$10 per pay period (\$260 per year)

2013 Plan Year 401(k) and 457 Maximum Contribution: \$673.08 per pay period (\$17,500 per year)

If you are over age 50, you can contribute an additional “catch-up” amount of \$5,500 to your 401(k) and 457 plans, for a total contribution of \$23,000 per plan.

The MassMutual and CalPERS 457 plans also have a three (3) year pre-retirement “catch-up” feature which allows you to ‘make up’ for years you did not contribute the maximum amount allowed.

The 457 three year pre-retirement catch-up cannot be used with the age 50+ pre-retirement catch-up.

401(k) and 457 Comparisons

401(k)

- ✓ Loan provision
- ✓ 10% tax penalty for ‘early withdrawal’ before age 59½ (in addition to ordinary income tax)

457

- ✓ No loan provision
- ✓ No age restrictions or penalty once separated

CalPERS

Richard Berg
888-713-8244

www.CalPERS.ca.gov

MassMutual

Jason Hughes
888.811.4839

www.massmutual.com/serve

CONCERN:EAP

Employee Assistance Program

Placer County has partnered with CONCERN:EAP, a national Employee Assistance Program (EAP) that provides free and confidential information, referrals and short-term counseling for personal issues affecting work or personal life.

CONCERN:EAP services are available for permanent employees who work 20 hours per week or more, as well as their spouse, dependent children under age 23, or any age if incapable of self-sustaining employment due to mental or physical disability.

Short-Term Counseling

CONCERN:EAP offers free, confidential counseling and work/life resources to you and your family for most personal issues, including:

- Marital and family problems
- Job stress
- Parent/child conflicts
- Anxiety and depression
- Alcohol or drug problems
- Loss and death

Eldercare Resources

If you are caring for an elderly person and want to learn more, consider talking to one of CONCERN's professional eldercare specialists. They can help you:

- Clarify and prioritize problems
- Develop a problem solving plan
- Identify resources within your community
- Evaluate financial circumstances and review insurance options
- Find, arrange, and coordinate services
- Understand 'Advanced Directives' such as durable power of attorney for health care

Parenting and Childcare Resources

CONCERN:EAP can refer you to a wide variety of childcare resources, including:

- Before/after school care
- Infant centers and preschools
- In-home childcare
- 24 hour care
- Emergency drop-in care
- Care for sick children
- Adoption assistance
- College assistance
- Family day care centers

CONCERN:EAP

Financial Consultations

CONCERN:EAP provides a free 30-60 minute confidential financial consultation to you and your family. Some of the financial issues that CONCERN:EAP can help you with include:

- Buying a home
- Debt reduction strategies
- Cash management
- College planning
- Consumer credit services
- Foreclosures
- Income taxes
- Investment basics

Legal Consultations

Referrals are available for legal issues as well. You will be linked to a local attorney for a free 30-minute office or telephone consultation; any additional legal services are discounted 25% off regular hourly fees. The legal referral service can be used for all types of legal matters (excluding claims involving workplace issues):

- Adoption
- Bankruptcy
- Child custody
- Child support
- Contract disputes
- Consumer protection
- Credit problems
- Divorce

- Estate planning
- Foreclosures
- Identity Theft
- Immigration
- Income tax
- Landlord/tenant
- Personal injury
- Probate
- Real estate
- Repossessions
- Traffic accidents

All attorneys on CONCERN's referral list have practiced law for at least five years, are licensed in the state of California and are members in good standing of the California State Bar Association.

CONCERN:EAP eldercare consultation and referral services are free of charge to eligible employees and their family; however employees are responsible for fees associated with the actual services selected.

To get more information about CONCERN:EAP, schedule an appointment, or for immediate help, call CONCERN:EAP at 1.800.344.4222 or visit their website at www.concern-eap.com.

Troubleshooting

Help! Trouble-shooting in ACORN

Having problems with Open Enrollment in ACORN? Here are some common issues answered.

Problem: I don't know how to find ACORN.

Solution: Open Internet Explorer, delete the website address in the address window and type in 'acorn' (minus the quotes) and press enter. You can also get to ACORN from the main iPlacer page.

Problem: My shortcut to ACORN does not work.

Solution: Delete the old ACORN shortcut link, then open ACORN (see above for opening ACORN) and add the ACORN page to your favorites. To add a new ACORN shortcut, contact your department's IT liaison.

Problem: I am prompted for a user ID and/or password when trying to access ACORN.

Solution: Email the ACORN help desk at ACORNhelp@placer.ca.gov for assistance.

Problem: I don't use ACORN very often, and don't know where to go once I'm logged in.

Solution: Once you're logged in to ACORN, select 'Main Menu', then 'Self Service', then 'Benefits', then 'Benefits Enrollment.'

Problem: Acorn is showing dependents I have removed.

Solution: For history purposes, ACORN shows dependents who were previously covered under your insurance. However only the dependents that have a check box next to 'enroll' are currently covered under your plan.

Problem: I made changes in ACORN, but when I went back in and looked at my benefits, my changes aren't showing.

Solution: Your changes will not appear in ACORN until AFTER Open Enrollment closes on October 11th.

Payroll Calendar

#	PAY PERIOD	PAY DATE	HEALTH/LTD
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FISCAL YEAR 2013 - 2014

1	Jun 15 - Jun 28	July 12, 2013	August-13
2	Jun 29 - Jul 12	July 26, 2013	August-13
3	Jul 13 - Jul 26	August 9, 2013	September-13
4	Jul 27 - Aug 09	August 23, 2013	September-13
5	Aug 10 - Aug 23	September 6, 2013	October-13
6	Aug 24 - Sep 06	September 20, 2013	October-13
7	Sep 07 - Sep 20	October 4, 2013	November-13
8	Sep 21 - Oct 04	October 18, 2013	November-13
9	Oct 05 - Oct 18	November 1, 2013	December-13
10	Oct 19 - Nov 01	November 15, 2013	December-13
11	Nov 02 - Nov 15	November 29, 2013	Free Pay Period
12	Nov 16 - Nov 29	December 13, 2013	January-14
13	Nov 30 - Dec 13	December 27, 2013	January-14

CALENDAR YEAR 2014

14	Dec 14 - Dec 27	January 10, 2014	February-14
15	Dec 28 - Jan 10	January 24, 2014	February-14
16	Jan 11 - Jan 24	February 7, 2014	March-14
17	Jan 25 - Feb 07	February 21, 2014	March-14
18	Feb 08 - Feb 21	March 7, 2014	April-14
19	Feb 22 - Mar 07	March 21, 2014	April-14
20	Mar 08 - Mar 21	April 4, 2014	May-14
21	Mar 22 - Apr 04	April 18, 2014	May-14
22	Apr 05 - Apr 18	May 2, 2014	June-14
23	Apr 19 - May 02	May 16, 2014	June-14
24	May 03 - May 16	May 30, 2014	Free Pay Period
25	May 17 - May 30	June 13, 2014	July-14
26	May 31 - Jun 13	June 27, 2014	July-14

FISCAL YEAR 2014 - 2015

1	Jun 14 - Jun 27	July 11, 2014	August-15
2	Jun 28 - Jul 11	July 25, 2014	August-15
3	Jul 12 - Jul 25	August 8, 2014	September-15
4	Jul 26 - Aug 8	August 22, 2014	September-15
5	Aug 9 - Aug 22	September 5, 2014	October-15
6	Aug 23 - Sept 5	September 19, 2014	October-15
7	Sep 6 - Sep 19	October 3, 2014	November-15
8	Sep 20 - Oct 3	October 17, 2014	November-15
9	Oct 4 - Oct 17	October 31, 2014	Free Pay Period
10	Oct 18 - Oct 31	November 14, 2014	December-15
11	Nov 1 - Nov 14	November 28, 2014	December-15
12	Nov 15 - Nov 28	December 12, 2014	January-15
13	Nov 29 - Dec 12	December 26, 2014	January-15

CALENDAR YEAR 2015

14	Dec 13 - Dec 26	January 9, 2015	February-15
15	Dec 27 - Jan 9	January 23, 2015	February-15
16	Jan 10 - Jan 23	February 6, 2015	March-15
17	Jan 24 - Feb 6	February 20, 2015	March-15
18	Feb 7 - Feb 20	March 6, 2015	April-15
19	Feb 21 - Mar 6	March 20, 2015	April-15
20	Mar 7 - Mar 20	April 3, 2015	May-15
21	Mar 21 - Apr 3	April 17, 2015	May-15
22	Apr 4 - Apr 17	May 1, 2015	June-15
23	Apr 18 - May 1	May 15, 2015	June-15
24	May 2 - May 15	May 29, 2015	Free Pay Period
25	May 16 - May 29	June 12, 2015	July-15
26	May 30 - Jun 12	June 26, 2015	July-15

Health Insurance Portability & Accountability Act (HIPAA)

The Health Insurance Portability & Accountability Act of 1996 (HIPAA), imposes requirements on health plans concerning the use and disclosure of personal medical information, also known as Protected Health Information. All CalPERS health plans are committed to protecting the privacy of the health information maintained by both CalPERS and by outside vendors who perform services for the plan.

CalPERS health plans may use and share your Protected Health Information for the purposes of treatment, payment, and health care operations and for certain other legally permitted purposes. Under no circumstances will any of our health plans disclose your health information to Placer County for the purpose of employment-related actions or decisions.

For more information regarding your rights and CalPERS health plan's legal duties under HIPAA, refer to the Evidence of Coverage (EOC) booklet on your plan's website, or CalPERS online at www.CalPERS.ca.gov.

Current Provider Information

NAME OF PROVIDER	PHONE	WEB ADDRESS/LINK	GROUP/ID #
HMO MEDICAL PLANS			
ANTHEM BLUE CROSS TRADITIONAL	855/839-4524	www.anthem.com/ca/calpers/HMO	
ANTHEM BLUE CROSS SELECT	855/839-4524	www.anthem.com/ca/calpers/HMO	
BLUE SHIELD ACCESS+	800/334-5847	www.blueshieldca.com/calpers	PH0001 / SSN
BLUE SHIELD NET VALUE	800/334-5847	www.blueshieldca.com/calpers	PHO 01040
KAISER PERMANENTE	800/464-4000	www.kp.org/calpers	00003-20 / SSN
UNITED HEALTHCARE	Members: 877/359-3714 Retirees: 888/867-5581	www.uhc.com/calpers	
PPO MEDICAL PLANS			
PERSCARE	877/737-7776	www.anthem.com/ca/calpers	KB050L / SSN
PERS CHOICE	877/737-7776	www.anthem.com/ca/calpers	CB050A / SSN
PERS SELECT	877/737-7776	www.anthem.com/ca/calpers	PER-0111-SEL / SSN
PORAC	800/937-6722	www.porac.org	336684 / SSN
DENTAL			
DELTA DENTAL	800/765-6003	www.deltadentalins.com	1985 / SSN
VISION			
VISION SERVICE PLAN (VSP)	800/877-7195	www.vsp.com	12168909 / SSN
DEFERRED COMPENSATION			
CALPERS 401(k) & 457	Direct: 888/713-8244 X5 Main: 800/260-0659	https://calpers.ingplans.com Richard Berg richard.berg@us.ing.com	SSN
MASSMUTUAL 401(k) & 457	Direct: 866/504-1182 Main: 888/811-4839	www.massmutual.com/serve Jason Hughes jasonhughes@massmutual.com	SSN
LONG TERM DISABILITY			
LINCOLN FINANCIAL GROUP	800/423-2765	www.lfg.com	01-001664 / SSN
RETIREMENT			
CALPERS	888/225-7377	www.calpers.ca.gov	
DEPENDANT CARE/FLEXIBLE SPENDING ACCOUNT			
FBMC	800/342-8017	www.myfbmc.com	SSN
EMPLOYEE ASSISTANCE PROGRAM			
CONCERN:EAP	800/344-4222	www.concern-eap.com	PLACER

COBRA

Model General Notice of COBRA Continuation Coverage Rights

** Continuation Coverage Rights Under COBRA**

Introduction

This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies
- Your spouse's hours of employment are reduced
- Your spouse's employment ends for any reason other than his or her gross misconduct
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- The parent-employee dies
- The parent-employee's hours of employment are reduced
- The parent-employee's employment ends for any reason other than his or her gross misconduct
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both)
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child"

COBRA

When is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, commencement of a proceeding in bankruptcy with respect to the employer, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: the Placer County Personnel Department, Benefits Division. You must also complete the necessary forms to cancel coverage for an enrollee who is no longer qualified as a dependent and provide the appropriate any supporting documentation (i.e. divorce decree).

How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or

both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability Extension of 18-Month Period of Continuation Coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage.

COBRA

Second Qualifying Event Extension of 18-Month Period of Continuation Coverage

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information

Placer County Personnel Office
145 Fulweiler Avenue, Suite 200
Auburn California 95603
530.889.4060

Affordable Care Act (ACA)

There may be other coverage options for you and your family. When key parts of the Affordable Care Act take effect, you will be able to buy individual coverage through the Health Insurance Marketplace called Covered California. In the Marketplace, you could be eligible for a new kind of tax credit that lowers your monthly premiums right away, and you can see what your premium, deductible, and out-of-pocket costs will be before you make a decision to enroll. Being eligible for COBRA does not limit your eligibility for coverage for a tax credit through Covered California. Additionally, you may qualify for a special enrollment opportunity for another group health plan for which you are eligible (such as a spouse's plan), even if the plan generally does not accept late enrollees, if you request enrollment within 30 days.

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